## 14020114502

FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF 1 SENATE
PUBLIC Use Only

| 1. NAME OF COMMITTEE (in full)  | TYPE OR PR             | Example: If typing, type over the lines.                 |                                    | 1847E FREB - 5 AM 10: 34                |                    |                                       |             |
|---|------------------------|--|------------------------------------|---|--------------------|---------------------------------------|-------------|
| Branko Radulovacki  | for U.S. Sena          | te   |                                    |   |                    |                                       |             |
| ADDRESS (number and s   | treet) 2849 Paces      | Ferry Road SW  |                                    |   |                    |                                       |             |
|   | Suite 610              |  |                                    |   |                    |                                       |             |
| Check if different than previously  | Atlanta CIT            |  | GA 3                               |   |                    | _                                     |             |
| reported. (ACC)   | <del></del>            | 1  |                                    | ZIP COD                                 | DE                 |                                       |             |
|   |                        | STHIS $\bigcirc_{(N)}^{NEW}$ OR $\bigcirc_{(A)}^{AMEND}$ |                                    | □(A)                                    | STATE DISTRICT     |                                       | DISTRICT    |
|   |                        | ( )  |                                    |   |                    | GA_                                   | 05          |
| 4. TYPE OF REPORT (   | (Choose One)           |  |                                    |   |                    |                                       |             |
| (a) Quarterly Reports:  | (b) 12-Day PRE-        | Election Re  | port for the:                      |   |                    |                                       |             |
| April 15 Quarterly Report (Q1)  |                        | Primary (12P) General (12G)                              |                                    |   |                    | noff (12R)                            |             |
| July 15 Quarterly Report (Q2)   |                        | Convention (   |                                    | Special (12S)                           |                    | · · · · · · · · · · · · · · · · · · · |             |
| October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)   |                        | Election on  |                                    |   | in the             |                                       |             |
|   |                        |  |                                    |   | State of           |                                       |             |
|   |                        | (c) 30-Day POST  | -Election Re                       | eport for the:                          |                    |                                       |             |
| Termination Repo  | Gen                    | eral (30G)   | Runoff (30                         | _                                       | Special (30S)      |                                       |             |
|   |                        | Election on  | elleren der von der ein de vonzen. | and the second states and second        | in the<br>State of |                                       |             |
| ·   |                        | <u></u>  |                                    |   |                    |                                       |             |
|   |                        |  |                                    |   |                    |                                       |             |
| 5. Covering Period  | 10/01/2013             | through  | 12/31                              | /2013                                   |                    |                                       |             |
|   | •                      |  |                                    |   |                    |                                       |             |
| I certify that I have examin  | ned this Report and to | the hest of my knowle                                    | udge and ha                        | lief it is true corre                   |                    | _                                     |             |
| ,   | .ou who respond and to | the best of my knowle                                    | age and be                         | mer it is true, correc                  | ct and complet     | e.                                    |             |
| Type or Print Name of Tre   | easurer Dr. Bra        | nko Radulovacki  |                                    |   |                    |                                       |             |
| Simple of Town  | 20 (                   | 2000   |                                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - In-              |                                       | <del></del> |
| Signature of Treasurer  | 46 to                  | elle.  |                                    | Date []                                 | 3114               | The or area descriptions              |             |
|   |                        |  |                                    | <del></del>                             |                    |                                       |             |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. 437g. |                        |  |                                    |   |                    |                                       |             |
| Office<br>Use   |                        |  |                                    |   |                    |                                       |             |
| Only  |                        |  |                                    |   |                    |                                       | FORM 3      |